

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5104

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether)
In this community... years, months or days)

3. (a) PRINT FULL NAME Oma Sinks

3. (b) If veteran, name war... no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased Jan. 16, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 16 hr. min.

9. Birthplace Charleston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation... at home

11. Industry or business

12. Name Robert Holmes
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Moore
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Henny Reising
(b) Address 3229 Minnesota Av.

17. (a) Burial (b) Date thereof 6-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director... With Bro. L. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) JUN 2 1943 (b) J. F. Zudek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County...
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3229 Minnesota Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 30, 1943 to June 2, 1943
that I last saw her alive on June 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Cerebral Hemorrhage
2. Uremia
Due to... Hypertension
Due to... Cardio-renal-Vascular Disease
Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State) ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury ...
23. Signature William O. Marshall M.D. (M. D. or other) ...
Address 3633 Fair Ave. Date signed 6/2/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2929 S Jefferson